

Louisiana Department of Children and Family Services
Child Care Assistance Program

Application for Child Care Assistance

OFFICE USE ONLY

CID _____

Worker _____

☐ New Application

☐ Redetermination

Redet M/Y _____

1. **IDENTIFYING INFORMATION:** This form should be completed by the parent or other household member who is responsible for paying child care costs.

PLEASE PRINT ALL INFORMATION

NAME: LAST FIRST MIDDLE INITIAL

HOME ADDRESS: STREET APT. NO. CITY PARISH ZIP

MAILING STREET/ ADDRESS: P.O. BOX APT. NO. CITY PARISH ZIP

TELEPHONE #S: HOME: () WORK: () OTHER PHONE: ()

2. **HOUSEHOLD COMPOSITION:** For this program, a household includes these individuals who live together: Head of Household, Head of household's legal or non-legal spouse, and all dependent children under age 18. List yourself first, then other household members with the oldest members listed first.

NAME (FIRST, MI, LAST)	RELATIONSHIP TO YOURSELF	BIRTH DATE	RACE	SEX	(OPTIONAL) SSN	MARITAL STATUS
	Self					

Is anyone listed above pregnant? ☐ Yes ☐ No If yes, list the person's name and due date.

Name: _____ Due Date: _____

Is any adult or parent listed above disabled? ☐ Yes ☐ No If yes, list the person's name and attach verification of disability (doctor's statement, etc) Name: _____

Are all children listed above U. S. citizens? ☐ Yes ☐ No If no, list their names: _____

3. **CHILDREN NEEDING CARE:** List the times each day that child care is needed for each child (if school-aged children need care both before and after school, list both times; example: 7:00 to 8:00 and 3:30 to 6:00). **NOTE:** If you have not yet selected a child care provider, enter the child's name, age, time each day care is needed, and check the type of care that you plan to use.

NAME OF CHILD	AGE	TYPE OF CARE ONE PER CHILD	NAME/ADDRESS/PHONE# OF PROVIDER	PROVIDER / CHILD RELATIONSHIP	TIME NEEDED EACH DAY	COST OF CARE
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Class A Center <input type="checkbox"/> Other				
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Class A Center <input type="checkbox"/> Other				
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Class A Center <input type="checkbox"/> Other				
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Class A Center <input type="checkbox"/> Other				

4. List children from Item 3 who attend/will attend Head Start, Pre-Kindergarten, Kindergarten, or school this year: _____

5. Are immunizations current on all children in need of child care? ☐ Yes ☐ No If no, list their names: _____

6. **PERSONS WHO ARE EMPLOYED:** Enter the name of each parent and person age 18 and over listed in # 2 (on the reverse side) who is working. List ALL jobs (working means full-time, part-time, temporary, self-employment, or odd-job employment, even if the job has just started or will end soon). **Send in check stubs for the 4 most recent pay periods (for each person who is employed).** If check stubs are not available, we will supply a form for the employer to complete to verify earnings for the 4 most recent pay periods.

PERSON EMPLOYED	NAME AND ADDRESS OF EMPLOYER	EMPLOYMENT BEGIN DATE	WORK HOURS/WEEK	WORK DAYS/WEEK	GROSS AMOUNT EARNINGS	HOW OFTEN PAID

7. **OTHER TYPES OF INCOME:** Check the appropriate column next to the type of income that you or any member of your household receives or has applied for. **Send in proof of any income that is checked.**

SOURCE OF INCOME	RECEIVES	APPLIED FOR	PERSON WHO APPLIED/RECEIVES	AMOUNT RECEIVED	HOW OFTEN
A. Child Support					
B. Alimony					
C. Unemployment Benefits					
D. SSI-Supplemental Security Income					
E. Social Security Benefits					
F. Veteran's Benefits					
G. Retirement Benefits					
H. Other Disability Benefits					
I. Adoption Subsidy					
J. Other Income Type (contributions, etc.)					

8. **PERSONS WHO ARE IN SCHOOL OR TRAINING:** Enter the name of each parent and person age 18 and over listed in #2 (on the reverse side) who is attending a job training or educational program. **Send in verification of school or job training attendance, including the number of hours in class each week and the anticipated date of completion.**

PERSON IN TRAINING	NAME AND ADDRESS OF SCHOOL	CLASS HOURS/WEEK	CLASS DAYS/WEEK	ANTICIPATED COMPLETION DATE

9. **SPECIAL NEEDS:** Does any child, under age 18, need specialized child care because of a physical, mental, or emotional condition? ☐ Yes ☐ No If yes, who? _____ For what type of condition? _____

Is any child receiving SSI or other disability benefits? ☐ Yes ☐ No If yes, send copy of award letter or copy of a recent check.

RIGHTS AND RESPONSIBILITIES:

The fact that you are applying for or receiving assistance from this agency means you have certain rights and responsibilities.

You have the right to confidentiality -- that means that the information given by you will not be released without your written consent, except to agencies and officials as allowed by law. We do not discriminate in the delivery of services. This means you will not be treated differently from others because of your race, color, sex, age, disability, religious beliefs, nation origin or political beliefs. If you think you have been discriminated against, you can file a complaint which will be investigated and appropriate action will be taken.

A decision will be made on your application **within 30 days** after the date the application is received. You will receive written notice of the decision. You can request a Fair Hearing to have the Department of Children and Family Services review the decision of the Economic Stability office handling your case if you think it is not fair. You or your representative may request a Fair Hearing, orally or in writing, if you disagree with any action taken on your case. Your case may be presented at the hearing by any person you choose.

AGREEMENT: I agree to let the office know within ten days if any of the following changes occur. I understand that I must report changes that occur after I send in my application, as well as changes that occur after I am determined eligible.

- Change in Address
- Change in Members of my Household, including anyone who moves in or out
- Change in employment, including an interruption for at least three weeks, a change of employer, or a change in the number of hours worked
- Change in income if household's gross monthly income changes more than \$100 in earned income or \$50 in unearned income
- Change in job training or educational program, including an interruption for at least three weeks, a change of programs, or a change in the number of hours of attendance
- Change in Child Care Providers or Provider's Type
- Change in location of where care is being provided
- My child care provider moves in with me or I move in with my child care provider or we begin sharing the same mailing address (with the exception of a post office box)
- Change in Days or Hours Child(ren) are in the child care provider's care
- Beginning or ending of disability

If I am in a Supplemental Nutrition Assistance Program (SNAP) household, I understand I am only responsible for reporting within 10 days the following:

- Change of child care providers
- My child care provider moves in with me or I move in with my child care provider or we begin sharing the same mailing address (with the exception of a post office box)
- A child receiving child care benefits moves out of the home or is no longer in the child care provider's care
- Interruption of at least three weeks, or termination of employment, training, or education for any parent or adult household member

In addition, as a SNAP household, I am responsible for reporting changes in gross monthly income which result in the household's income exceeding the gross income limit for SNAP. This change must be reported no later than the 10th of the month following the month in which the change occurred.

Providing false information, withholding information, or failing to report any of the changes as described above is subject to penalty under the law. If providing false information or withholding information causes an overpayment for child care, you may be required to repay the amount of ineligible benefits made on your behalf. If you purposely fail to report any information that causes ineligible benefits to be made on your behalf, fraud charges may be brought against you and you may be disqualified from participating in the program.

Social Security Numbers are not required for Child Care Assistance eligibility and eligibility cannot be denied for failure to provide Social Security Numbers.

I give permission to the Agency to contact whomever necessary to verify my need for assistance. In addition, I hereby waive the confidentiality of my name and Social Security Number, if provided, so that information may be furnished to employers, government agencies, and any other parties deemed necessary in order to verify my income and need for assistance, or for data collection or statistical purposes.

With my signature below, I certify that I have read and understand my rights and responsibilities. I hereby declare that the times care is needed as listed in item 3 are the times when I and any other Training or Employment Mandatory Participant are working and/or attending a job training or educational program or traveling to and from these activities. I certify under penalty of perjury that all information given on this application form is true and correct to the best of my knowledge.

Signature of Applicant

Date

Signature of Legal or Non-Legal Spouse

Date

VOTER REGISTRATION:

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Yes ☐ No ☐

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by the Department of Children and Family Services.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Do you need help from DCFS with completing the voter registration application form?

Yes ☐ No ☐

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with Louisiana Secretary of State, Commissioner of Elections, P.O. Box 94125, Baton Rouge, LA 70804-9125, Phone: (toll-free) 1-800-883-2805.



**OFFICE USE ONLY
CLARIFICATIONS:**

USE THIS FORM TO: 1) register to vote 2) change your address 3) request a name change 4) change party affiliation

TO REGISTER TO VOTE AND BE ELIGIBLE TO VOTE YOU MUST: 1) be a United States citizen 2) be at least 17 years old to register but must be 18 years old to vote 3) not be under an order of imprisonment for conviction of a felony 4) not be under a judgment of full interdiction or limited interdiction where your right to vote has been suspended 5) reside in the state and parish in which you seek to register and vote.

INSTRUCTIONS FOR COMPLETING THIS FORM: All information except your signature should be printed clearly in ink, preferably black, or typed. Fill in all boxes that apply to you.

Box 1: Indicate whether you are a citizen of the United States of America. Indicate whether you will be 18 years of age on or before election day.

Box 2: Provide full name. Do not use initials for middle or maiden name.

Box 3: 'Residence Address' means the address where you live and are registering to vote. If you claim a homestead exemption, you must list the address of that residence. Do not use a post office box for your 'Residence Address'. If you use a rural route and box number, draw a map in the space labeled 'Give Location.' Write in the names of the crossroads (streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores or landmarks near where you live and write the name of the landmark. Check the box provided if mail is not delivered to your residence address by the post office. Complete 'Mailing Address' only if it is different from the 'Residence Address' or if mail is not delivered to your residence address.

Boxes 5 & 13: You must provide your LA driver's license number or LA special identification card number, if issued. If not issued, you must provide at least the last four digits of your social security number, if issued. The full social security number may be provided on a voluntary basis. If neither a social security number nor a LA driver's license number or LA special identification card number has been issued, and this form is submitted by mail, and you are registering to vote for the first time, in order to avoid additional identification requirements for first time voters, attach either a) a copy of a current and valid photo identification or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

Boxes 7, 11 & 12: The items 'race/ethnic origin', 'email' and 'phone' are not required but are helpful. Email is protected from disclosure by law.

Box 8: If you do not complete this item, your party affiliation will be listed as 'no party', unless you are presently registered with a party affiliation and no change is being made today. If you are not registering with a political party, circle 'no party'. The recognized political parties are Democrat, Green, Libertarian, Reform and Republican or you may specify any other party affiliation.

Box 17: If you are using this form to request a change of name, you must print the name to be changed here.

Box 18: Date and sign the card with your signature or mark.

If returned by mail, place in an envelope and mail to the appropriate registrar of voters at the address found on the reverse side of this card. If you have not been issued a social security number or Louisiana driver's license number, you must mail the required documentation with your application. Your application or envelope must be postmarked 30 days prior to the first election in which you seek to vote based on the residence listed on this application.

NOTE: 1. If you decline to register to vote, this fact will remain confidential and will be used only for voter registration purposes. If you register to vote, the office where your application was submitted will remain confidential and will be used only for voter registration purposes. 2. Your social security number will also remain confidential and is intended to be used for voter registration purposes only.

QUESTIONS? Call your Parish Registrar of Voters OR call the Department of State at 1-800-883-2805 or (225) 922-0900.

COMPLETE AND CHECK ALL APPLICABLE BOXES AND CUT HERE BEFORE MAILING.

LOUISIANA VOTER REGISTRATION APPLICATION				OFFICIAL USE ONLY			
LR-1 & 1M, FORM #100				Wd / Dist	Pct	Reg Type	In/Out REG #
1 Are you a citizen of the United States of America? YES <input type="checkbox"/> NO <input type="checkbox"/> Will you be 18 years of age on or before election day? YES <input type="checkbox"/> NO <input type="checkbox"/> If you checked 'no' in response to either of these questions, DO NOT COMPLETE THIS FORM.							
2 NAME OF APPLICANT (PLEASE PRINT NAME)						GIVE LOCATION	
LAST		FIRST		FULL MIDDLE OR MAIDEN			
3 RESIDENCE ADDRESS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY)							
HOUSE OR APT. NO. & STREET (IF RURAL, ROUTE & BOX NO.)				CITY OR TOWN		STATE ZIP	
If NO mail delivery to residential address, check here: ()		MAILING ADDRESS, IF DIFFERENT					
4 DATE OF BIRTH		5 * SOCIAL SECURITY # (CIRCLE ONE)		6 SEX (CIRCLE ONE)		7 ** RACE / ETHNIC ORIGIN (CIRCLE ONE)	
MONTH	DAY	YEAR	NO YES #	MALE	FEMALE	WHITE	BLACK ASIAN HISPANIC AMER. INDIAN OTHER:
8 PARTY AFFILIATION (CIRCLE ONE)			9 APPLICANT'S PLACE OF BIRTH			10 MOTHER'S MAIDEN NAME	
DEM GRN LBT RFM REP NO PARTY OTHER (SPECIFY)			CITY OR TOWN PARISH OR COUNTY STATE COUNTRY				
11 **EMAIL			12 ** PHONE		13 LA DRIVER'S LICENSE / I.D. # (CIRCLE ONE)		14 Will you require assistance at the polls? (CIRCLE ONE)
			HOME () DAY ()		NO YES #		NO YES IF YES, GIVE REASON:
15 LAST RESIDENCE ADDRESS			16 PLACE OF LAST REGISTRATION			17 FORMER REGISTERED NAME, IF APPLICABLE	
ADDRESS			PARISH OR COUNTY STATE				
AFFIRMATION: I do hereby solemnly swear or affirm that I am a United States citizen, that I am at least 17 years old, that I am not currently under an order of imprisonment for conviction of a felony, that I am not currently under a judgment of full interdiction or limited interdiction where my right to vote has been suspended, that I am a bona fide resident of this state and parish, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to a fine of not more than \$2,000 (\$5,000 for subsequent offense) or imprisonment for not more than 2 years (5 years for subsequent offense), or both. Any false statement may constitute perjury.							
18 SIGN YOUR NAME IN BOX AT RIGHT.							
DATE: / /							
19 IF YOU ARE UNABLE TO SIGN YOUR NAME, TWO WITNESSES TO YOUR MARK MUST SIGN HERE.							
WITNESS SIGNATURE:				WITNESS SIGNATURE:			
* Last 4 digits of the social security number required if no LA driver's license issued; social security number is intended to be used for voter registration purposes only; full # OPTIONAL. ** OPTIONAL							

ACADIA
568 NW Court Circle
Crowley, LA 70526-4363
(337) 788-8841
ALLEN
P. O. Box 150
Oberlin, LA 70655-0150
(337) 639-4966
ASCENSION
828 S. Irma Blvd. - #205
Gonzales, LA 70737-3631
(225) 621-5780
ASSUMPTION
P. O. Box 578
Napoleonville, LA 70390-0578
(985) 369-7347
AVOYELLES
312 N. Main St. - #E
Marksville, LA 71351-2409
(318) 253-7129
BEAUREGARD
P. O. Box 952
DeRidder, LA 70634-0952
(337) 463-7955
BIENVILLE
P. O. Box 697
Arcadia, LA 71001-0697
(318) 263-7407
BOSSIER
P. O. Box 635
Benton, LA 71006-0635
(318) 965-2301
CADDO
P. O. Box 1253
Shreveport, LA 71163-1253
(318) 226-6891
CALCASIEU
1000 Ryan St. - #7
Lake Charles, LA 70601-5250
(337) 437-3572
CALDWELL
P. O. Box 1107
Columbia, LA 71418-1107
(318) 649-7364

CAMERON
P. O. Box 1
Cameron, LA 70631-0001
(337) 775-5493
CATAHOULA
P. O. Box 215
Harrisonburg, LA 71340-0215
(318) 744-5745
CLAIBORNE
507 W. Main St. - Suite 1
Homer, LA 71040-3914
(318) 927-3332
CONCORDIA
4001 Carter St. - #4
Vidalia, LA 71373-3021
(318) 336-7770
DESOTO
105 Franklin St.
Mansfield, LA 71052-2046
(318) 872-1149
E. BATON ROUGE
222 St. Louis - #201
Baton Rouge, LA 70802-5860
(225) 389-3940
E. CARROLL
P. O. Box 708
Lake Providence, LA 71254-0708
(318) 559-2015
E. FELICIANA
P. O. Box 488
Clinton, LA 70722-0488
(225) 683-3105
EVANGELINE
200 Court St. - Ste. 102
Ville Platte, LA 70586-4463
(337) 363-5538
FRANKLIN
Courthouse
6560 Main St.
Winnsboro, LA 71295-2750
(318) 435-4489
GRANT
Courthouse
200 Main St.
Coffax, LA 71417-1828
(318) 627-9938

IBERIA
300 S. Iberia St. - #110
New Iberia, LA 70560-4543
(337) 369-4407
IBERVILLE
P. O. Box 554
Plaquemine, LA 70765-0554
(225) 687-5201
JACKSON
500 E. Court St. - #102
Jonesboro, LA 71251-3400
(318) 259-2486
JEFFERSON
P. O. Box 10494
Jefferson, LA 70181-0494
(504) 736-6191
JEFFERSON DAVIS
302 N. Cutting Ave.
Jennings, LA 70546-5361
(337) 824-0834
LAFAYETTE
1010 Lafayette St. - #313
Lafayette, LA 70501-6885
(225) 291-7140
LAFOURCHE
307 W. 4th St.
Thibodaux, LA 70301-3105
(985) 447-3256
LASALLE
P. O. Box 2439
Jena, LA 71342-2439
(318) 992-2254
LINCOLN
100 W. Texas Ave.
Ruston, LA 71270-4463
(318) 251-5110
LIVINGSTON
P. O. Box 968
Livingston, LA 70754-0968
(225) 686-3054
MADISON
100 N. Cedar St.
Tallulah, LA 71282-3892
(318) 574-2193

MOREHOUSE
129 N. Franklin St.
Bastrop, LA 71220-3815
(318) 281-1434
NATCHITOCHES
P. O. Box 677
Natchitoches, LA 71458-0677
(318) 357-2211
ORLEANS
1300 Perdido St. - #1W23
New Orleans, LA 70112-2127
(504) 658-8300
OUACHITA
122 St. John St. #114
Monroe, LA 71201-7342
(318) 327-1436
PLAQUEMINES
P. O. Box 989
Port Sulphur, LA 70083-0989
(504) 934-3620
POINTE COUPEE
211 E. Main St.
New Roads, LA 70760-3661
(225) 638-5537
RAPIDES
701 Murray St.
Alexandria, LA 71301-8099
(318) 473-6770
RED RIVER
P. O. Box 432
Coushatta, LA 71019-0432
(318) 932-5027
RICHLAND
P. O. Box 368
Rayville, LA 71269-0368
(318) 728-3582
SABINE
400 Capitol St. - #107
Many, LA 71449-3099
(318) 256-3697
ST. BERNARD
8201 W. Judge Perez - Rm. 104
Chalmette, LA 70043-1696
(504) 278-4231

ST. CHARLES
P. O. Box 315
Hahnville, LA 70057-0315
(985) 783-2731
ST. HELENA
P. O. Box 543
Greensburg, LA 70441-0543
(225) 222-4440
ST. JAMES
P. O. Box 179
Convent, LA 70723-0179
(225) 562-2330
ST. JOHN
1801 W. Airline Hwy.
LaPlace, LA 70068-3344
(985) 652-9797
ST. LANDRY
P. O. Box 818
Opelousas, LA 70571-0818
(337) 948-0572
ST. MARTIN
415 Saint Martin St.
St. Martinville, LA 70582-4549
(337) 394-2204
ST. MARY
500 Main St. - #301
Franklin, LA 70538-6144
(337) 828-4100
ST. TAMMANY
701 N. Columbia St.
Covington, LA 70433-2709
(985) 809-5500
TANGIPAHOA
P. O. Box 895
Amite, LA 70422-0895
(985) 748-3215
TENSAS
P. O. Box 183
St. Joseph, LA 71366-0183
(318) 766-3931
TERREBONNE
P. O. Box 9189
Houma, LA 70361-9189
(985) 873-6533

UNION
P. O. Box 235
Farmerville, LA 71241-0235
(318) 368-8660
VERMILION
100 N. State St. - #120
Abbeville, LA 70510
(337) 898-4324
VERNON
P. O. Box 626
Leesville, LA 71496-0626
(337) 239-3690
WASHINGTON
Courthouse Bldg.
900 Washington St.
Franklinton, LA 70438
(985) 839-7850
WEBSTER
P. O. Box 674
Minden, LA 71058-0674
(318) 377-9272
W. BATON ROUGE
P. O. Box 31
Port Allen, LA 70767-0031
(225) 336-2421
W. CARROLL
P. O. Box 71
Oak Grove, LA 71263-0071
(318) 428-2381
W. FELICIANA
P. O. Box 2490
St. Francisville, LA 70775-2490
(225) 635-6161
WINN
119 W. Main St. - Room 105
Winnfield, LA 71483-3238
(318) 628-6133

OFFICIAL USE ONLY

Address Change

Name Change

Party Change

Remarks

Circle One: PA-In Person PA-By Mail

MV RG SDA SS(Disability)

Received by: _____

PLACE IN AN ENVELOPE AND MAIL TO YOUR
REGISTRAR OF VOTERS